

CMPL063 – ACell Donation Form	Revision:	1
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Donation Request Form



Name of Requester:
Date of Request:

Part 1: Entity Information	
Payee (Legal Name of Requesting Entity):	
Requesting Entity Name, if different than Payee:	
Entity Tax ID #:	
Is the entity a 501(c)3? <i>Note: written documentation from IRS confirming 501(c)3 status is required</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address including city, state and zip:	
HCP or Affiliated Entity: <i>Is the request affiliated with an HCP, HCO, or Patient Advocacy Organization? If yes, please describe.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requesting Entity Contact Person:	Name:
	Title:
Fax:	Telephone:
Email:	

Part 2: Donation Information	
Requesting: <input type="checkbox"/> Funding <input type="checkbox"/> Product Amount requested: _____ Date by which funding and/or product is needed: _____	If product is requested, please list the product(s) and specific quantities.

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Part 3: Funding Activities -	
Description of activities for which funding is requested:	
Event Location: (city, state)	
Date(s) of Event:	
Name of Venue: (e.g., hotel, conference center)	
Target Audience of Event (e.g., physicians, nurses, patients):	
Expected number of attendees:	
Will ACell employees be attending the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are recreational or social activities at this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there prizes provided to attendees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the previous three questions, please describe	
Are meals provided that will utilize funds from ACell if the Donation request is approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe processes your entity has in place to track every attendee that will partake in the meal(s) that ACell funds will be supporting.	

Part 4: Attestation of Requesting Entity
<p>I represent that I have been granted the authority on behalf of my entity to request this donation from ACell, Inc. The donation is requested to further advance my entity's mission.</p> <p>I understand that my entity will provide a detailed accounting and if there are any unused funds or product, such funds or product are to be returned to ACell no later than thirty (30) days from the conclusion of use.</p> <p>I certify that, to the best of my knowledge, the information provided is accurate and complete.</p>

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Printed Name of Requester: _____ Signature of Requester: _____ Date Signed: _____

Documentation Requirements for Donation Request

The following documents represent a complete donation request and must be submitted to donations@acell.com.

- Donation Request Form
- Request letter, on entity letterhead, which includes:
 - Name and address of the organization requesting support
 - Description of request
 - Mission of the organization
 - HCP or HCO ownership interest in the requesting entity, if applicable
 - List of any previous requests for support within the twelve (12) months
 - Disclosure of any legal, business, financial or other relationship between the requester and ACell
 - Explanation of how the donation is intended to advance the mission of the organization
 - The amount of financial support or product requested from ACell
 - Date or time period in which donation is anticipated to be used, if applicable
- W-9 or W-4
- Documentation confirming tax exempt status
- Proposed Itemized Budget, if applicable

Completed requests, the required supporting documentation, and questions should be submitted to: donations@acell.com. A representative from ACell’s Professional Relations department will contact you regarding funding decisions.